

MEMBERSHIP APPLICATION/INVOICE

National Association of Purchasing Management – Columbia Basin

P.O. Box 1326, Richland, WA 99352

Tax I.D. Number 91-1183843

****THIS FORM CAN BE USED FOR APPLYING FOR MEMBERSHIP AND FOR RENEWING YOUR MEMBERSHIP****

If you have any questions, contact Mike Taylor, C.P.M. (Membership Chair) at Michael.L.Taylor@rl.gov

I am applying for the following type of membership (please check the appropriate box):

- New Member Past Member (and if known, ISM ID number _____) Annual Membership Renewal
 I am replacing the following current member in my company and understand that I must meet eligibility requirements.
Replacing former Member Name _____ ISM ID number _____

Information about Yourself:

Dr. Mr. Mrs. Ms. Miss _____
(circle one) First Name Middle Initial Last Name

BUSINESS ADDRESS

(business name)

(mailing address)

(city, state, zip code)

(phone number)

(primary email address)

HOME ADDRESS

(mailing address)

(city, state, zip code)

(phone number)

(home/alternate email address)

Job Title: _____

Which address would you like your NAPM-CB mailings to go to? Business Home

Your highest level of education completed: High School Associate's Bachelor's Master's
 Other (list: _____) Student (note estimated graduation date _____)

Are you a: CPSM Yes No C.P.M.? Yes No Are you an A.P.P.? Yes No

What other professional designations do you hold? _____

Would you like to serve on a committee or as a member of the Board or Executive Committee? Yes No
If yes, what is your area of interest? _____

Membership Options: Please contact the NAPMCB Membership Chair to discuss membership options and rates. Refer to the 2011 NAPMCB membership invoice for payment. www.ismcb.org/membership/invoice.pdf

- Regular Membership Student Membership
 Associate Membership Lifetime Membership
 Regular Membership Dues Discount Program

Payment information: PLEASE MAKE CHECK PAYABLE TO NAPM-CB AND RETURN TO THE ADDRESS ABOVE.
 Personal check amount ____ Company check amount ____
 Credit card number _____
Name on card _____
If card holder is not you, phone number for card holder _____
Expiration date on card _____
Credit card amount authorized _____

I certify that I meet ISM membership eligibility. (www.ism.ws). I agree to abide by the ISM Bylaws, ISM Principles and Standards of Ethical Supply Management Conduct and the ISM Antitrust Policy.

Signature: _____ Date: _____